

Application to Appear Pro Hac Vice

Court of Appeals No. _____

Name: _____ Phone: _____

Firm/Office: _____ Fax: _____

Street Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____

Name of party/parties to be represented: _____

Pursuant to 11th Cir. R. 46-1(d), this application must be accompanied by a **certificate of good standing** issued within the previous six months from the highest court of any state or another United States Court of Appeals.

Answer each question. If any answer is yes, attach a statement giving details.

YES NO

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you changed your name or been known by any names or surnames other than the one appearing on this application? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a. | Have you been disbarred or suspended from practice before any court, department, bureau or commission of any State or the United States, or have you received a reprimand from any of them pertaining to your conduct or fitness to practice? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b. | Are any such proceedings or allegations presently pending against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3a. | Have you been a party to criminal proceedings, or to civil proceedings in which allegations of fraud, misrepresentation or other dishonesty were made against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3b. | Are you presently under investigation for any matter specified in question 3a? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you previously applied to this court for pro hac vice admission in any proceeding? If so, when? _____ |

OATH (OR AFFIRMATION)

I, _____, do solemnly swear (or affirm) that I will conduct myself as an attorney and counselor of this court, uprightly and according to law; and that I will support the Constitution of the United States. I do further swear (or affirm) that all statements and responses in my application to appear pro hac vice, including attachments which are incorporated herein by reference, are true and correct to the best of my knowledge, information and belief.

Date: _____ Signature: _____

Last 4 digits of attorney's Social Security No. (for positive identification purposes): _____

NOTE: Make check payable to "U.S. Court of Appeals Non-Appropriated Fund, 11th Circuit." This application, with proof of service, a certificate of good standing from your qualifying court, and \$50 pro hac vice application fee should be forwarded to: Clerk, U.S. Court of Appeals, Eleventh Circuit, 56 Forsyth Street, N.W., Atlanta, GA 30303.

Rev.: 4/06